Employment Application Form

City of Versailles 196 South Main Street P.O. Box 625 Versailles, Kentucky 40383

Applicants are considered for employment without regard to race, color, religion, sex, national origin, genetics, ethnicity, age, marital status, veteran status, medical condition, or disability.

Please read acknowledgements (page 3, section 1), then complete application, using typewriter or ink.

			Name: Last	First		Middle			Social Security No:		
Α		1									
Personal			Present Address:	Street	City		State	Zip Code	Phone No:		
	Information	2							()		
			Permanent Address: Street		City		State Zip Code		Phone No:		
		3							()		
			Emergency Phone No:					Age (if un	der 18):		
		4	1 ()					5			
	_		Have you applied for employn	nent or been emplo	oyed h	ere before? Yes	No	If yes, giv	If yes, give position(s) and date(s):		
		6									
			Type of Employment Desired:					Date Available For Work:			
E	3	1	Full Time Part Time	Tem	porary	/Seasonal		2			
t	Interest		What Position Are You Seekir			Minimum Salary Requir	rement:	Will you p	perform Shift work?		
Employment		3			4			5 Yes	No 🗌		
oyu		6	Can you travel if job requires i		,			-	on layoff or subject to recall?		
ď	nte	6	Yes No					- 100	No		
ы	-	8	Does anyone in your immediate family work here? If yes, List Name(s), Relationship(s) and Department(s). Yes No No								
							С	OLLEGE	GRADUATE/		
(5		EDUCATION ELEMENTA		ARY HIGH SCHOOL		UNIVERSITY		PROFESSIONAL		
			NAME & LOCATION								
		1	OF SCHOOL								
		2	YEARS COMPLETED	5 6 7	8	9 10 11 12	1 2	2 3 4	1 2 3 4		
		2	(CHECK)								
		3	DIPLOMA/DEGREE								
a		3	YEAR RECEIVED								
tion	Record	4	MAJOR FIELD OF STUDY								
Educationa		-	Area(s) of Specialized Training:			Title of Thesis & Special Research Project(s):					
		5									
			Honors Received:		Vocational or Technical Scho			ttended:			
		7			8						
			Special Skill(s) or Certificate(s) Received:		Shorthand:		Typing:			
		9				YES NO W	/PM:	11 YES	NO WPM:		

AN EQUAL OPPORTUNITY EMPLOYER

			PREVIOUS EMPLOYMENT: Start with your <u>present or last job</u> and list all employment experiences.						
L)		If additional space is needed, use an extra sheet of paper.						
		1	Employer:	Duties:	Dates En				
		•	Address:		FROM	ТО			
		yer	7 darooo.						
		oldm	Job Title:	Supervisor:	Hourly	Rates:			
		ent E			Starting	Final			
		Current Employer	Reason for leaving or wanting to leav	ve:					
		2	Employer:	Duties:	Dates En				
		2	Address:		FROM	ТО			
		Previous Employer	Addices.						
2			Job Title:	Supervisor:	Hourly				
			Reason for leaving:	<u> </u>	Starting	Final			
2		Prev	r toucon for fourthig.						
<u>u</u>	י ב		Employer:	Duties:	Dates En	nployed:			
	ב	3			FROM	TO			
	<u> </u>	Previous Employer	Address:						
	2		Job Title:	Supervisor:	Hourly	Rates: Final			
E	-		Reason for leaving:		Starting	rillai			
			Employer:	Duties:	Dates En	nployed:			
			Address:		FROM	ТО			
		Employer	Address.						
		evious Emp	Job Title:	Supervisor:	Hourly				
			Reason for leaving:		Starting	Final			
		Pre							
		5	May we call your present employer not Yes No	ow? If not, when may we call? Phone: ()					
			100	THORE. ()					
E	=	1	If a License or Certificate is needed to	o perform the work in the position applied for, please complete the	e following:				
Special			Driver's License Number:	Name of Trade or Profession License Number:					
	Considerations	2	List any skills and abilities that you possess that will be helpful in doing the job applied for:						
	dera								
	nsi								
	ပိ								

		Give the name of two references, do not include relatives or previous employers:							
F	1	NAME	RELATIONSHIP	ADDRESS		PHONE NUMBER			
seou						()			
References									
<u> </u>		List offices hold in school, civic of	uhe or hueinose organizations \	/ou may amit those the	at indic	note say race religion			
G	1	List offices held in school, civic clubs, or business organizations. You may omit those that indicate sex, race, religion, ethnicity, or national origin:							
_									
Activities									
Activ									
	2	Current hobbies, interests, or favorite recreation:							
Н	1	Branch of U.S. Military Service from (month/year) to (month/year): Highest Rank Attained:							
	3	Military Occupation Specialty and/or Major Duties:							
uo		This employer is subject to Section 503 of the Rehabilitation Act, Section 402 of the Vietnam Era Veterans Readjustment Assistance Act, and the Americans with							
nati		Disabilities Act. If you have a disability that will require reasonable accommodations during the pre-employment application/testing procedures, please let us know. You may be required to provide documentation verifying the need for accommodations. This information will not subject you to any adverse treatment.							
forr		Are you a Vietnam Era Veteran? If Yes, month and year active duty completed:							
al In	4	Yes No No							
Additional Information	5	Additional Comments:							
Ad									
		PLEASE READ T	HE FOLLOWING BEFOR	E COMPLETING	APPI	LICATION			
ı	1	I certify that the answers given he	rein are true and complete to the	best of my knowledge).				
	2	I authorize investigation of all statements contained in this employment application and additional job-related background							
	 _	investigation as may be necessary in arriving at an employment decision. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result							
	3	in the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.							
ts	_	I understand that neither this document nor any verbal promises made by the employer or representative employee may be							
nen	4	constituted as an employment contract. I understand and acknowledge that, unless otherwise defined by law, policies, and procedures, or rules and regulations, any							
dger		I understand and acknowledge the employment relationship with this	•			•			
νlec	5	terminate the employment relation	-			and employee or employer may			
Acknowledgements	6	In the event of employment, I understand that I will be required to successfully complete a drug and alcohol test at initial							
Acl	۳	employment, and that I will be subject to drug and alcohol testing during my employment with the organization. I understand that this application is the property of the employer, and will be considered active for six months from the date							
	7	signed. I understand that this app							
		Signature (Please sign - do not ty	Date:						
	8				9				
	<u> </u>				3				

NOTE: A resume may be attached to this application to provide additional information, but may not be substituted for a completed and signed Employment Application Form.

FOR PERSONNEL DEPARTMENT USE ONLY							
Position applied for is OPEN:	Yes	No	Position(s) considered for:				
Application reviewed by:				Date:			
Remarks:							
Arrange interview:	Yes	No	If yes, Date:	Time:			
Interviewed by (List Participants):							
Employed:	Yes	No	Date of Employment:				
Position Title:			Department:	Starting Salary:			